

# LYNCHBURG CITY COUNCIL

## Agenda Item Summary

MEETING DATE: **July 9, 2002**

AGENDA ITEM NO.: **2**

CONSENT: **X**

REGULAR:

CLOSED SESSION:

ACTION: **X**

INFORMATION:

(Confidential)

ITEM TITLE: **Foster Care Respite Grant**

### RECOMMENDATION:

Appropriate \$13,618 for the Foster Care Respite Grant.

### SUMMARY:

The Virginia Department of Social Services (VDSS) has awarded \$13,618 to Social Services for foster care respite. The Respite Grant provides relief to foster care providers for a maximum of thirty days per child per fiscal year. Relief is available to providers who demonstrate a need for additional support in order to continue to care for a foster child, and for whom a determination is made that without the provision of respite care services, the placement may not sustain. First consideration is given to foster families who care for special needs children.

PRIOR ACTION(S): July 2, 2002 Finance and Planning Committee

FISCAL IMPACT: The Respite Grant is 100% State funded. There is no local match.

### CONTACT(S):

Diana C. Trent  
Tamara Rosser

847-1776 Extension 249  
847-1551 Extension 229

Director of Human Services  
Human Services Department Council Report Coordinator

ATTACHMENT(S): Resolution  
Award Letter

REVIEWED BY:

Resolution:

BE IT RESOLVED That \$13,618 is appropriated in the General Fund to fund the Foster Care Respite Grant with full reimbursement from the Virginia Department of Social Services.

Introduced:

Adopted:

Certified:

\_\_\_\_\_  
Clerk of Council

151L

cc: Norma  
Barbara



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

June 6, 2002

Tyger O. Gordon, Social Worker  
Lynchburg Department of Social Services  
P. O. Box 2497  
Lynchburg, VA 24501

Dear Tyger,

Thank you for your application for Respite Care for Foster Families for FY 2003. Please refer to the categories below for a determination of the status of your application.

  X   1. Application is received and approved with full funding as per the proposed allocation for this program.

2. Application is received however the requested amount exceeds the proposed allocation, The amount of \_\_\_\_\_ is approved effective June 1, 2002. If additional funding is needed, please follow number 2 below.

### Utilization of Funds

1. If you will not use all the funding that is allocated, please inform us by March 17, 2003 so we can reallocate this to agencies needing additional funds.

2. If additional funds are needed, this can be requested by March 17, 2003. Approval is contingent upon availability of funds.

3. Payments can be accessed through LASER by using Budget Line 86401

May your program be successful as you provide this valuable service to our foster families. If you have any questions, please call me at (804) 692-1223.

Sincerely,

A handwritten signature in cursive script that reads "Rosa T. Elliott".

Rosa T. Elliott  
Human Resource Program Specialist

# RESPIRE CARE FOR FOSTER FAMILIES PROGRAM PLAN

## PART 1 LOCAL DEPARTMENT PLAN and BUDGET SUMMARY

Documents are due no later than May 6, 2002 to the Respite Care Coordinator

Department: Lynchburg Department of **Social** Services

FIPS: 680

  X   Funding will be used for respite care payments only.

       Funding will be used for staff as well as respite care payments (existing respite care projects only).

Estimate:

Number of children to be served: 30

Number of days allowed for each child: 30

Rate of respite payment for regular foster care children: \$ 18.00 *a DAY*

Rate of respite payment for special needs foster care children: \$ 22.00 *a DAY*

Total Respite Care Payments: \$ 13,618.00

For Existing Respite Care Programs ONLY, Estimate Other Expenditures:

Salary                      \$ 0

Fringe    benefits      \$ 0

Travel                     \$ 0

Other                      \$ 0

# RESPITE CARE FOR FOSTER FAMILIES PROGRAM PLAN

## SINGLE LOCAL DEPARTMENT PLAN

### PART 2. SIGNATURE DOCUMENT

Documents are due no later than May 6, 2002 to the Respite Care Coordinator

Departments may elect to file plans singly or jointly. If filing a single plan, please complete this page.

The department indicated below requests funding for Respite Care \$13,618.00

Department: 0700

FIPS: 680

Region: Piedmont

Contact Person: Tyger O. Gordon

Phone: 847-1551

E-mail: Tyger O. Gordon/HumServ/COL

ext. 297

	Primary Contact Person	DSS Director
Name	Tyger O. Gordon	Mark C. Johnson
Address	434-847-1551 Lynchburg, Va. 24501	434-847-1551 ext. 243
Phone	434-847-1551 ext. 297	434-847-1551 ext. 243
- Mail	Tyger O. Goron/HumServ/COL	Mark C. Johnson/HumServ/COL
Fax	434-847-1353	434-847-1353

Director's Name (Printed) Mark C. Johnson Signature

Date:

